The Developmental Services Quality Council provides leadership for consistent, systemic Review and improvement of the developmental disability and acquired brain disorder Services provided within New Hampshire's developmental services system.

DEVELOPMENTAL SERVICES QUALITY COUNCIL
MINUTES
Wednesday, January 21, 2015
NH Council on Developmental Disabilities
21 South Fruit Street, 2nd Floor, Concord

ATTENDING MEMBERS:
Kathy Bates, NH Council on Developmental Disabilities
Linda Bimbo, Institute on Disability
Robin Carlson, Enhanced Family Care Provider
Dick Cohen, Disabilities Rights Center
Denise Colby, Advocates Building Lasting Equality in NH (ABLE)
Maureen Fitzhenry, Family Support Council
Brian Huckins, Autism Society of NH
Debra McClure, Family Support Council
David Ouellette, NH Council on Developmental Disabilities
Jennifer Pineo, Area Agency Board – Region I
John Richards, Brain Injury Association of NH
Chris Santianello, Community Support Network Inc.
Denise Sleeper, Bureau of Developmental Services
Cathy Spinney, Area Agency Board–Region X
Barbara Wilson, Direct Support Professional
Brian Young, Private Provider Network

ABSENT MEMBER(S):
Bill Cohen, Area Agency Board – Region IV
Amber Parshley, People First NH

VIA PHONE:
Laurie Giguere, Family Support Council

OTHER ATTENDEES:
Sarah Aiken, Community Support Network Inc.
Joelle Martin, NH LEND program
Lisa Beaudoin, NH LEND program
Debra Fournier, DHHS Council
Melissa Nemeth, Attorney, BDS

WELCOME & INTRODUCTIONS

GENERAL DISCUSSION

QC Members were asked to give thought to an action item for the March QC Meeting:

- Revert back to monthly meetings – OR– retain bi-monthly meetings but extend meeting time to 3 hours

QC members were reminded that there should be a profound commitment to sub-committee work.

- Sub-committees should meet at least once in between full QC meetings.
- All QC members should be serving on at least one sub-committee, (preferably two).
- Sub-committees are open to non-voting members; therefore if you can identify someone who would be a valuable member of a sub-committee, please invite them.

NOVEMBER MINUTES

Corrections were discussed and changes will be made accordingly
Jennifer Pineo motioned to approve, Chris Santianello seconded the motion and the motion unanimously passed.

ACTION ITEM

Starting in March the NH Council on Developmental Disabilities will be moving to 2 ½ Beacon Street, Concord, NH. Therefore the QC meeting space will also move to the new building.

- David Ouellette will send directions by the end of February to all QC members

FINALIZED MANAGED CARE RECOMMENDATION DOCUMENTATION

Corrections were discussed and changes will be made accordingly
John Richards motioned to approve, Jennifer Pineo seconded the motion, Denise Sleeper abstained from voting and the motion unanimously passed.

Presentation of the Managed Care Recommendation document to the Department and the Commissioner:

- QC members were asked please DO NOT share this document until it has been presented to the Department and Commissioner.
- Cathy Spinney will send the QC members the date and time when scheduled with the Commissioner so that QC members can attend and lend support during the presentation.

Recommendations for public release:

- Managed Care Commission – Chris Santianello and Cathy Spinney are trying to get on their agenda.
- Area Agency directors – Chris Santianello and Sarah Aiken will work on this.
- Governor's Commission – Cathy Spinney will let QC members know if and when they get on this agenda.
- Governor, House and Senate – this would be in the form of a formal letter and the document.
- Dick Cohen recommended presenting to the Joint Health and Human Oversight Committee, Cathy Spinney agreed and will try to get on their agenda.
- After presentation with the Department and Commissioner, the document should be posted on the Quality Council webpage (http://www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/)
- Press release. David Ouellette will have someone from his office connect with the DRC regarding a press release.

- Area Agencies will be asked to post the document on their websites.
- Send document to CMS on Quality Council letterhead
- Suggested sending document to the Managed Care Organizations.
    - Because MCO go to Managed Care Commission meetings, QC agreed to have paper copies available to provide to the Managed Care Organizations.
        - Institute on Disability (IOD) will make the copies
        - Denise Colby will provide a number to Linda Bimbo regarding the number of paper copies needed.
- State Family Support Council – Jennifer Pineo will work on getting onto this agenda.

LAKEVIEW UPDATE (DICK COHEN)

DRC investigated Lakeview about a year or two ago, upon release of the DRC's reports, within 24 hours, the Governor had issued a press statement that contained an order for two external reviews to be completed:

- First would be a licensing review which would be headed up by an external person but also involving the Department's Licensing and Certification team members.
- Second would be an external reviewer who would determine if Lakeview had the capacity to serve this population and would also look if DHHS oversight was sufficient and if there are changes needed in the oversight process.
- First review has been completed. This review was headed up by Dr. Ben Lewis, Ed. D., External Quality Management Consultant. He worked with several people from Health Facilities License and Certification office. Their report finding many of the same items that the DRC had found.
    - Lakeview was asked to submit a correction form.
    - Lakeview did submit the correction form, but when DRC asked for a copy they were told it was still in draft form. Therefore there are concerns regarding transparency.
- Second review is being headed up by Katherine Dupree.
    - She is tasked with determining if the facility has the capacity to serve this population and are there are any issues with DHHS oversight and it be improved.
    - Report due at the end of February.
    - DRC was told by the Department that the report will not be released due to quality assurance. Although they may release the recommendations. DRC is concerned about this and asks that the report be made public. Dick Cohen recommended that this issue be something the Quality Council discus at the next meeting.
    - DRC recommended closure, yet this would depend on community capacity. How can we restore the capacity of the community to serve this population? This is another piece that the Quality Council should consider discussing as well at next meeting.
    - QC agreed to add a regular agenda item to discuss the Lakeview updates and status.
    - Any documents that arise regarding Lakeview, QC members were asked to please upload into eStudio.

PROPOSED DHHS TRANSITION PLAN TO BE SUBMITTED TO CMS (DEB FOURNIER, DHHS COUNSEL)

Deb handed out copies of the PowerPoint presentation and the draft transitioning framework document.

- The Department has made public its intention to submit a transition plan to CMS to show a work plan to how it plans to ensure compliance with new federal requirements that were finalized in January 2014.
- In January 2014 CMS finalized rules relating to home and community based services and the settings in which they are provided. That final rule(s) can be found at 42CFR44130124. This plan is specific to only the settings requirements.
- Based on new regulations this plan expresses what CMS expects the qualities that Medicaid funded home and community based service settings must possess in order to get federal dollars and reflect what CMS expects the experience of the participant to be.
- Changes will touch all four waivers. (Choices for Independence, Developmental Disability, Acquired Brain Disorder & In-Home supports waiver)
- All states are required to submit a plan to CMS to show they recognize the new rules and how they will establish compliance with the new rules.
- States then have 5 years (mid 2019) to effectuate the plan to bring settings into compliance.
- First step was drafting the transitioning framework document.
- Second step is a 30 day public notice and comment period (which is required before the draft can be submitted). The 30 day period will run from January 11, 2015 through midnight on February 16, 2015.
- Two public hearings will be held. (January 20, 2015 and January 28, 2015). The hearings have phone and webinar access.
- Stakeholder Advisory Group created which will advise state constantly throughout the process as the assessment tool is developed, as the data from the assessments come in, as the data is compiled and in the writing of the final comprehensive statewide transition plan.
- All written comments received before midnight on February 16, 2015 must be recorded by the State and the written responses must accompany the transitioning framework document and published on the website.
- Information needs to be gathered from those participants who receives Medicaid funded home and community based services through the waivers and not just providers.
- Encouraged all members of QC that if they have questions and/or comments to please submit written comments. You can register for the webinar via the website and then you can then participate via email or by phone. Actively seeking ongoing stakeholder input during this 30 day period. Participation will be key.
- They have an obligation to maintain the webpage throughout this process and to keep updating it as work continues and unfolds and maintain a permanent record of public input through this process.

COMPLAINT INVESTIGATION FOLLOW-UP REVIEWS – MELISSA NEMETH

Discussed the six-Month reviews of the follow-ups to complaint investigations

- In May 2014 Bureau staff paired with Liaisons for the Area Agencies took a snap shot of complaints from July 2013 through September 2013. Looked at every report and if there were recommendations followed up with Area Agencies to see if there was documentation relating to the follow-up.
- Of the 184 complaints, 155 had recommendations. In 131 (82%) of those had the backup documentation that demonstrated the agency or provider agency had followed through with the recommendation.
- This was well received by Area Agencies and Bureau Liaisons. Will be doing this again for the remainder of fiscal year 2014 and will continue every six months.

Discussed the fiscal year 2014

- Reports and investigations are limited to paid providers and volunteers of agencies.
- 409 total calls received, 358 which because formal or informal complaints (reason remainder did not become complaints would be if the complaint fell outside of the Bureau's jurisdiction. Appropriate agencies would be notified in those instances including law enforcement if necessary.
- 330 formal complaints, 174 were founded allegations.
- 121 systemically factors identified for improvements.
- Revisions were made to the database so that now the follow-ups will be able to be tracked instead of manually reading through the complaint reports.

Sub-Committee Reports

- Managed Care – Chris Santianello
  - There will be a brief meeting after this meeting.

- Domains – (not reporting-needs committee chair)

- Transparency – Bill Cohen
  - Not at meeting

- Workforce Training – Dick Cohen
  - Been asked to review Bureaus response to recommendations and will report in March. Further recommendations and summary.

In March, members will be asked to recommit to their current committee(s) OR choose new assignments.

General Discussions:

- Maureen Fitzhenry stated she received phone call regarding the New Health Risk Screening Tool. Asked if it is a tool mandatory by June 2015.
- Denise Sleeper discussed June 2015 was our timeline. Tool which we began to implement 2 years ago. Was to target those who live in residential homes or receive residential services. Health Risk tool is not an assessment. Trying to identify and prevent risks.
- This tool is to be a very high level view of what's going on and getting information from people supporting the individuals.
- Made it a requirement which will be articulated in 503 because health outcomes for people in our system and nationally are not on par with those without disabilities. When we look at our system where we have paid supports around someone how do we then make sure information is shared that could lead to a different health outcome for the individual and ensure that the individual has access to appropriate supports and evaluations.
- Denise will share the tool and upload any supporting documentation to eStudio for QC members to review prior to March meeting.
- Monthly data tracker is completed by paid providers.

LEGISLATIVE UPDATE, LSRS, BUDGET (SARAH AIKEN)

Sarah reviewed the overall budget process and offered to share a document on the subject for anyone interested. She will keep the Council informed on relevant legislation throughout the session.

PUBLIC COMMENT

None

Brian motioned to adjourn, Maureen Fitzhenry seconded the motion and the motion unanimously passed.

Next Meeting: Wednesday, March 18, 2015 from 10:00AM – 12:00PM

The Developmental Services Quality Council provides leadership for consistent, systemic Review and improvement of the developmental disability and acquired brain disorder Services provided within New Hampshire's developmental services system.

DEVELOPMENTAL SERVICES QUALITY COUNCIL
MINUTES
Wednesday, March 18, 2015
NH Council on Developmental Disabilities
ATCH, 57 Regional Drive, Concord, NH

ATTENDING MEMBERS:
Kathy Bates, NH Council on Developmental Disabilities
Linda Bimbo, Institute on Disability
Robin Carlson, Enhanced Family Care Provider
Dick Cohen, Disabilities Rights Center
Denise Colby, Advocates Building Lasting Equality in NH (ABLE)
David Ouellette, NH Council on Developmental Disabilities
Jennifer Pineo, Area Agency Board – Region I
Chris Santaniello, Community Support Network Inc.
Denise Sleeper, Bureau of Developmental Services
Cathy Spinney, Area Agency Board–Region X
Brian Young, Private Provider Network
Sarah Aiken (alternate for Autism Society of NH)

ABSENT MEMBER(S):
Bill Cohen, Area Agency Board – Region IV
Amber Parshley, People First NH
Maureen Fitzhenry, Family Support Council
Brian Huckins, Autism Society of NH
Debra McClure, Family Support Council
John Richards, Brain Injury Association of NH

VIA PHONE:
Laurie Giguere, Family Support Council
Barbara Wilson, Direct Support Professional

OTHER ATTENDEES:
Ellen Boudreau – NH Autism Council
Steve Wade – Brain Injury Association of NH
Joseph Nteryeri, CPC, Inc.
Melissa Locke, Gateways Community Services
Mary St. Jacques, Lakes Region Community Services
Beth Raymond, Gateways Community Services
Beth Gauthier, Great Bay Services
Jeff Maerder, Life Transition Services
Joelle Martin, public attendee

WELCOME & INTRODUCTIONS

JANUARY MINUTES

Chris Santaniello motioned to approve, Brian Young seconded the motion and the motion unanimously passed.

GENERAL DISCUSSION

QC Members were asked to send list of their appointed alternates via email to Cathy Spinney, so that appropriate access can be granted to eStudio, mailings etc.

QC Sub-Committee re-commitment by each member

- Domains – Dormant (This sub-committee still needs a chair)
- Managed Care
    - Denise Colby, Brian Young, Jenn Pineo, Chris Santaniello, Linda Bimbo, Brian Huckins, Linda Bimbo, Cathy Spinney
- Transparency
    - David Ouellette, Bill Cohen
- Workforce training/Whitepaper
    - Denise Sleeper, Brian Young, Kathy Bates, Barbara Wilson, Robin Carlson, Dick Cohen, David Ouellette
- Members who need to re-commit or choose a committee
  Amber Parshley, Laurie Giguere, John Richards, Deb McClure

QC Members discussed current meeting schedule and voted if they wanted to resume monthly meetings or keep every other month but extend meeting time by an hour.

- Brian Young motioned to keep current every other month schedule, but extend the time by one hour. Dick Cohen seconded the motion and the motion unanimously passed.

RESULTS OF QC PRESENTATION TO DHHS/BDS AND GOVERNOR'S COMMISSION ON MMC REGARDING THE MANAGED CARE RECOMMENDATIONS (SARAH AIKEN)

Sarah Aiken discussed the QC presentation to the Governor's Commission on MMC. She stated that they had a shortened amount of time to present on the document due to meeting running long and that there were not many questions asked regarding the document.

Cathy Spinney discussed the letter the QC received from the Commissioner following the presentation to DHHS.

QC members discussed what, if any, the next steps from the QC should be. Options discussed were:

- Do nothing.
- Wait a month or so and see if the Bureau comes back to have another meeting to discuss document.
- Send response letter now. QC discussed response letter content drafted by Chris Santaniello.

QC decided to send letter now with some changes. Dick Cohen, Chris Santaniello and Brian Young will work together to amend the drafted response letter and will send the revised letter to all voting members of the QC for endorsement. If a majority of members approve the revised letter, it will be sent to Commissioner and BDS.

NCI Sub-Committee Presentation of the 2012 – 2013 NCI data (Denise Sleeper)

Denise Sleeper showed the NCI PowerPoint presentation and discussed some of the results.

Discussion topics included:

- It takes 2 years to complete a survey, previously the Bureau of Developmental Services, Bureau Liaisons were completing the surveys but now CSNI conduct the interviews.
- Demographics of participants in the survey reflect a good representation of the total number of people served.
- David Ouellette discussed that his group meets quarterly and discuss some of the same points. He will send Denise Sleeper and CSNI copies of their report.
- Denise advised that the results themselves do not answer all questions, but helps to identify areas needing deeper investigation.
- The slide regarding the Quality improvement plan the Bureau and CSNI are working on was missing from the presentation, but Denise will have available for the next meeting.
- This presentation is being shared with a core group including: stakeholders, internally, Bureau Liaison's, Family Support Council, QC members, People First, CSNI & Quality Improvement group.

The Health Risk Screening Tool (HRST) (Denise Sleeper)

Denise Sleeper was asked to present a brief overview of HRST.

- The Bureau is expanding the use of HRST.
- The HRST is not an assessment. It is a standardized tool used to identify potential risks for individuals. Example increase in falls.
- Helpful tool for individuals, families and agencies to put supports in place if things are changing which might not otherwise have been recognized.
- Service Coordinators are completing these, not the families.
- BDS is developing more family friendly fact sheets.
- The Bureau is underwriting the cost and it is a Medicaid funded expense.
- There will be more in depth discussions in the future.

Discussion / Q & A regarding White Paper Recommendations & Response (Dick Cohen)

Dick Cohen noted that in July he will have a more comprehensive report.

- There were about 40-50 recommendations, but the focused recommendations on IDD, behavioral, or medical. Most recommendations address that population.
- Small group met and focused on a couple key areas.
- The Bureau is doing some Quality Assurance selecting individuals in each region and looking at needs and if the Service Agreement is reflective of those needs and if they are being implemented.
- There have been a number of proposed changes to NCI regulations with a basic agreement on most recommendations, although language may change a bit.

- More discussions are needed regarding residency. CMS only allows money for services, not room and board.
- Possible QC topic to discuss the legal issue as to what the State's actual obligations are.
- There needs to be a greater variety of housing. Would be helpful for monthly reports to see what housing is available and then there would be a measure if there is an increase in variety.
- Next meeting they will pick 2 or 3 critical recommendations to hone in on.

SUB-COMMITTEE REPORTS

- Managed Care – Chris Santaniello (*not reporting*)
- Domains – (*not reporting-needs committee chair*)
- Transparency – Bill Cohen (*not reporting)*
- Workforce Training – Dick Cohen (*not reporting*)

LEGISLATIVE UPDATES (SARAH AIKEN):

Sarah discussed updates regarding the budget process. Budget is currently in the House and Division III is cutting almost everything within DHHS. Proposed cut to DD/ABD services is 52 Million (combined State and Federal dollars). House also proposing to eliminate funding for most "optional" services, among them PT/OT/Speech therapies, PCA services and others. She will keep the Council informed on relevant legislation throughout the session.

OTHER ANNOUNCEMENTS:

Maureen Fitzhenry has submitted her resignation from the Quality Council. She has contacted the Family Support Council and they are looking into someone to fill her seat.

Scott Westover from New Hampshire Healthy Families will join us at our next meeting. Asked QC members to bring questions and concerns and there will be a fair amount of time allotted on the Agenda for discussions.

New Hampshire Council on Developmental Disabilities is holding an open house on April 9, 2015 from 3PM – 7PM at 2 ½ Beacon Street, Suite 10, Concord, NH 03301-4447

PUBLIC COMMENT

None

Meeting Adjourned

Next Meeting to be held on Wednesday, May 20, 2015 from 10:00AM – 1:00PM at 2 ½ Beacon Street, Concord, NH 03301

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DEVELOPMENTAL SERVICES QUALITY COUNCIL
MINUTES
Wednesday, May 20, 2015
NH Council on Developmental Disabilities
2 ½ Beacon Street, Concord, NH 03301

ATTENDING MEMBERS:
Kathy Bates – NH Council on Developmental Disabilities
Linda Bimbo – Institute on Disability
Robin Carlson – Enhanced Family Care Provider
Dick Cohen – Disabilities Rights Center
Denise Colby – Advocates Building Lasting Equality in NH (ABLE)
Brian Huckins – New Hampshire Autism Council
Debra McClure – Family Support Council
David Ouellette – NH Council on Developmental Disabilities
Jennifer Pineo – Area Agency Board – Region I
John Richards – Brain Injury Association of NH
Denise Sleeper – Department of Health and Human Services
Cathy Spinney – Area Agency Board–Region X
Dotty Treisner – Alternate for Community Support Network, Inc.
Barbara Wilson – Direct Support Provider
Brian Young – Private Provider Network

ABSENT MEMBER(S):
Bill Cohen – Area Agency Board – Region IV
Chris Santaniello – Community Support Network Inc.

VIA PHONE:
Laurie Giguere – Region X Family Support Council

OTHER ATTENDEES:
Sarah Aiken – Community Support Network Inc.
Denis Powers – Community Crossroads
Maureen Currier – NH Council on Developmental Disabilities
Beth Gauthier – Great Bay Services
Scott Westover – NH Healthy Families
Bob Scholz – Institute on Disability / NH START

WELCOME & INTRODUCTIONS

MARCH 2015 MINUTES

Kathy Bates motioned to approve
Brian Young seconded the motion
Motion unanimously passed.

GENERAL DISCUSSION

QC Sub-Committee re-commitment

- Transparency
    - Laurie Giguere

QC vacant seats

- Per Jennifer Pineo – the seat for a Family Support Council member not yet been voted on, should be by the next Quality Council meeting.

- Amber Parshley from People First of New Hampshire has resigned. David Ouellette stated that People First has appointed a new member and a new back up for that member.

Cathy Spinney asked if the members of the Council would be interested in her reaching out to Well Sense to come to a future QC meeting to have a discussion regarding the QC recommendations under the heading of compare on contrast. QC unanimously agreed. Denise Colby noted that she is on the Well Sense advisory member board. Cathy Spinney delegated to Denise to reach out to Well Sense.

Denise Sleeper noted that the Institute on Disability is working with the Department to create an information training plan that includes the health plans to really understand the comprehensive nature of long term supports and services and offer trainings to provider agencies and families and other stakeholders as we roll out the implementation process. Linda Bimbo stated that Sue Fox is heading up the initiative and is working with the Bureau to identify specific need areas. This would help the MCOs understand individuals. There is a list of different kinds of trainings that have been identified that would be rolled out over time, with the intention to be flexible and if other needs are identified either by families, self-advocates or other advocate organizations that the MCOs need to learn.

There was an expert panel held last week for individuals who were served by each of the different waivers who came and discussed life experiences and gave their perspective. In the audience were members of the Department and the health plans.

Kathy Bates discussed a self-advocacy meeting where they explained the different between Step I and Step II, specifically regarding difficulties with transportation. We discussed Medicaid transportation. She felt that they really listened. Also discussed how people with speech difficulties have a hard time navigating the phone system. It was explained that in Step II there would be someone to help coordinate. Ratio in Step I is one in ten thousand, but in Step II it will be a ratio of one in forty.

503 REGULATIONS (DICK COHEN)

- Dick gave a brief history of the 503 regs, whereas about 2 ½ years ago the Bureau approach the Quality Council asking for input on any revisions and or changes to the 503 regs in anticipation of the upcoming review, (every 7 years the regulations are looked at and revised if necessary).
- The Quality Council worked diligently to suggest appropriate revisions and/or changes, a final draft outlining these items was submitted to the Bureau about a year ago.
- The Bureau recently issued a proposed draft and will hear public comments.
- Then it will go through Joint Legislative Committee on Administrative Rules (JLCAR) and JLCAR will hear public comment.
- Dick reviewed the proposed draft to see if the Bureau had adopted the Quality Council input. Although many items were adopted, there were some that were only partially adopted and some which were omitted.
- Dick would like to present during the public hearings on behalf of the Quality Council, on those partially adopted and omitted items.
- Cathy Spinney proposed that she would attend as Chair of the Quality Council and speak to what we as the Quality Council was tasked to do by law and explain the time Quality Council spent preparing document had the concerns regarding suggestions that had been only partially adopted or omitted. Dick would then be able to go through line by line what items were partial or missing in further detail.
- This would allow the Department and JLCAR to have all the data in front of them so that they will have a better understanding of all the work the Quality Council had put into the suggestions for changes and revisions.
- Sarah Aiken noted that she had attended an MCAC meeting and she felt they might not be aware that not all of Quality Council concerns had been addressed.
- Dick will get a consensus of what items/concerns are missing and get that to Sarah Aiken.
- Cathy Spinney asked members of the Quality Council if anyone had an opposition to her proposal and there were none.

QUALITY IMPROVEMENT PLAN OVERVIEW (DENISE SLEEPER)

- Denise noted that these are achievable activities. They would predominantly require involvement with the service coordinator supervisors or other staff at the Area Agency and BDS staff.
- Analysis of the 2012-2013 NCI Adult Consumer Outcomes Data identified intervention strategies were needed in the following areas:
  - Employment
    1. Service Coordinator Supervisors will promote utilization of the Employment Planning Guide Tool with all regional service coordinators.
    2. BDS and Employment Leadership Committee are planning an annual training will be offered on Best Practices in Employment.
    3. BDS shall initiate a discrete audit of Employment Services (He-M 518):
       a. Area Agency Self-Assessment only by December 2015
       b. Area Agency Self-Assessment with BDS Validation by December 2016
  - Health Screenings
    1. Service Coordinators and Supervisors will receive refresher training on understanding the National Core Indicators initiative and how to accurately enter background data into the NCI Odessa database by June 2016.

2. The Medicaid Care Management Health Plans shall meet with Service Coordinator Supervisors to understand the NCI Health Screening Data and to explore how different outreach strategies may be developed to encourage and assure access to routine health screenings.
3. Statewide Implementation of the Health Risk Screening Tool with monitoring of implementation of training considerations in service agreements and annual updates via service review audits.

- System Performance
  1. BDS shall review staff training as part of all service review audits which shall be conducted on an annual basis.
  2. BDS and the Bureau of Health Facilities Administration (BHFA) shall quarterly review certification data related to staff meeting training requirements.
  3. NH Family and Guardian NCI Data shall be reviewed to identify any trends, systemic factors or anomalies.

- This information is being released to service coordinator supervisors today and will share updates on the progress of the activity with the Quality Council before May 2016.

START ANNUAL REPORT (BOB SCHOLZ)

- NH START is a service linkage model which was first developed in Massachusetts in the late 1980s.
- Goal of NH START is to improve service outcomes for individuals with developmental disabilities and co-occurring mental health disorders.
- Lifespan services. Accept referrals from age 6 to 106. All referrals that come to NH START are generated from the Area Agency level. Normally, referrals are made from service coordinators to START coordinators within the Area Agencies.
- The structure of START in New Hampshire is broken down into 3 collaboratives (north, central and south). Each collaborative have a group of Area Agencies they are a part of. Each collaborative has a team leader. Currently team leaders are based out of Region 4, 6 & 10.
- START programs strive to provide enhanced clinical case management.
- All START coordinators embedded within the Area Agencies have been specialty trained and certified. START itself is also a training model. Emphasis that we place on START coordinators is that we provide them with training and education on how to work around system issues & improve clinical case management for individuals. They have built an extensive training network nationally and within the state. Nationally approaching 10 – 12 states which have START. We have representatives in all those states who participate in various study groups which provide clinical education training for each of the New Hampshire collaboratives, which allows the opportunity for START coordinators to learn not only how to present cases, but for the system as a whole to learn new strategies and approaches on how to work effectively on difficult and challenging cases.
- START has established a linkage agreement with New Hampshire Hospital and most of the New Hampshire mental health centers. The creation of this linkage agreement has begun larger discussions on how both START and mental health centers can work together on complex cases. By working collaboratively, this can improve services for individuals. The mental health centers are also encouraged to participate in the trainings START provides. Hoping going forth as relationships are built there will greater participation with mental health centers over time.

- Denise Sleeper reiterated that START is related to the DRC white-paper and high-risk committee areas which identified the need to have a statewide standardized approach which had the capacity to serve individuals with complex needs. It was identified that there needed to be an infrastructure to help support staff. The Bureau provided funding to each Area Agency, in the first year, to have regional staff trained as START coordinators to start building on that capacity. This is a national evidence based practice. It is important to continue to build regional statewide capacity, but we are shifting the model to where it is all going to be coordinated through one region so that the issues of supervision and funding remain consistent.
- Currently there are 16 START coordinators. There should be about 20-21. There are 4 full-time vacancies.
- START recognized that there was a small group of individuals which had challenging medical and psychiatric issues going on at the same time. There was not a centralized way to have evaluations and assessments completed. For the first 3 years of START we would refer people to Massachusetts. Within the last year we have forged a relationship with Dartmouth Hitchcock Medical Center and we are no longer sending people out of state. There are 2 clinics, one for children, and one for adults. Resources are now staying in New Hampshire. Feedback is very positive.
- The START resource center in Boscawen, NH, the key piece to an effective program is that this is a therapeutic resource center. This center is not just to respite. It is a 6 bed center (only serving individuals 21 and over, accepted from all areas of the state) which provides planned and emergency relief to families and providers. Planned stays average 4 days. Emergency stays usually last a maximum of 2 weeks with the possibility of an additional 2 weeks. During the stay at the center, there is opportunity to collect a lot of data, complete assessments. We work very hard to pull the team together to make sure stay is brief, targeted and that the individual is discharged back to where they came from. 58% of the individuals referred to us had moved 5 or more times in the last 3 years. While at the center individuals are actively engaged in therapeutic activities. While at the center, the medical director has the opportunity to look at individual's medications, stay allows the clinical director to get insight to individuals and it is a wraparound service to support individuals and transition back to the community. Everything done at the center should be able to be replicated within the home. Clinical collaborative.
- Dottie Treisner stated that from an area agency perspective, she would recommend that more emphasis be put on building working relationships with the mental health centers. Mental Health Centers often say they cannot help and in some parts of the state there are no resources to assist an individual, their families and their caregivers and the reality is that some people ended up at Lakeview. Now we are trying to help them out of Lakeview and there may not be a good place for them to live where their therapeutic needs are being met. Some are a danger to themselves or danger to society. Serious problem which is worthy of the Quality Council's attention that START is only one piece of a larger puzzle.
- Brian Huckins noted that there have been improvements over time in emergency services and START.
- Original plan was to have a 4-bed START resource center in each collaboration throughout the state, but couldn't gain traction doing that, so we opened a 6-bed therapeutic centrally. The data is showing that the rates are not high enough at the moment, but they are climbing each month.
- John Richards stated that the Brain Injury Association is always seeking qualified, capable staff to aid those survivors of a brain injury who have neurological and mental health diagnosis. Bob stated that the START Center does accept referrals for individuals with acquired brain disorders to develop cross system crisis plans, follow up meetings with START coordinators, some individuals have even been at the resource center. John Richards asked if there was a member on the team familiar with brain injury. Bob stated that the DHMC multidisciplinary team does has a psychiatric member who is familiar with brain injury (Laura Flashman PhD) and that Dr. John Capuco is also involved in many ways.

- Robin Carlson stated that Direct Support Workers have a lack of training in anxiety, depression, PTSD. It is important that those have access to training. Bob stated that training and education is the cornerstone of what we do at START. All providers welcome to attend CET's. At each CET session we have a clinical topic of training and education. They can also attend via video conference. Would recommend DSP approach their Area Agencies and speak to the team leader of START to be connected to specific CETs.
- When an individual is referred to START, they have a START coordinator assigned to them, that START coordinator should be going out to the provider and staff working with that individual and do education and training specifically around those unique challenges and needs of the individual. Participation in START is not time limited. They can be referred and after work is done the client stabilizes and no longer needs to participate, but they can be reactivated at any time.
- Kathy Bates asked is there is any room for choice and advocacy within the START system for the individuals? Bob stated that when a referral is received, we do not just meet with the person's team. An important part to formulate a plan is to spend time with the individual.
- Kathy Bates asked what does it actually mean by a "linkage", Bob answered that it encompassed sharing of clinical information for shared individuals referred to START and who are also receiving services from them. There is now a mechanism for collaborative contact and someone to act as a liaison.
- Kathy Bates asked if there are any involuntary commitments. Bob stated participation is completely voluntary. If an individual is at the START resource center and they ask to leave, then we help them to leave.
- Robin Carlson asked if START could begin to track turnover of staff and case management as a data-point to determine how stable an individual's support team is. Bob stated that when START does an intake we develop at "treatment plan" and one of the indicators on that plan is the health of the system and are people working collaboratively within the system on a 1-4 rating scale. If an individual scores a 3-4 we need to work harder to get people to work together.

LEGISLATIVE/BUDGET UPDATE (SARAH AIKEN)

- Updated the QC on relevant legislation items and where they currently are in the legislative session.
- Updated the QC on the budget process and stated she will be attending the afternoon budget session and would relay any relevant information to Cathy Spinney to distribute to the Quality Council.

QC MANAGED CARE RECOMMENDATIONS DISCUSSION WITH NH HEALTH FAMILIES (SCOTT WESTOVER)

Cathy Spinney invited Scott for feedback regarding the Quality Council MCM recommendation document. She explained to Scott that the Quality Council was approach by the Bureau approximately in March 2014 and was asked to assist them to come up with concrete, specific, contract language based recommendations on what would a commercial managed care model long term support and services look like. What it would it need to contain, what oversights and resources be? What the Quality Council would like to hear from Scott would be some of the areas of the document which would obviously not be a problem being part of the contract, maybe if there were items brought up in the document which hadn't been thought of before and could become part of the contract and which parts of the document would never be adopted into the contract. It is important for the Quality Council to know which items may not be adopted because this would give the Council time to discuss what steps would need to be taken if certain resources are removed.

Scott began discussion stating that he feels it is very important to have these types of conversations. Important to have a conversation regarding where we are. At first he read the MCOs recommendation document and scanned it for which requirements need to find their way into the MCOs contract. But then he read it again and he read it differently. Although some items are appropriate for contract, some are tenants of a relationship. When re-reading the document he questioned what is the Quality Council trying to communicate through this project, which would be more important than what ends up in the document. When Scott re-read with that perspective, it was much more informative. It began to show where the real concerns are around self-direction, around involvement of the families, around respecting the components of the system that are already working. Some of the recommendations are not a contractual element. But we need this type of conversation with the MCOs. Right now this document is directly towards a contracted relationship to the Department of Health and Human Services with the request that the MCOs be required to do and honor many items. Although this is the right place to start, it's the wrong forum. If you are successful with this, you will establish the ceiling and the basement at the same time. It will be a list of minimums in order to satisfy a contract, but what comes through for Scott is that this is a starting point, a blue-print of the elements of the infrastructure that all of you need to have assurance, but some of these could be dangerous to have in a contract because it show the minimum standards which must be met. It is valuable to see the concern and these concerns need to be in the relationship rather than the contract.

Opened discussion for questions:

- Cathy Spinney stated concern that MCOs are "for profit" companies. There is the opportunity for corruption. That is the baseline for the concern and opposition.
    - When a company has a requirement to be profitable, it could be viewed as a good thing, because there is accountability in the way you make profit in managed care. Is not cost effective to erode what works. This is driven by quality and driven by meeting contractual requirements, not just in New Hampshire but in 22 other states. Being held to accreditation status. Having stockholders who hold the company accountable for making profit in a way that is sustainable. Sustainability equals quality.
    - A benefit of working with additional states is the ability to learn what is working and what is not working.
    - The check and balance in a large corporation is significant. It will not be the accountants doing the check and balances; it will be the folks looking at sustainability of your program in the state you're working in first and then how it contributes overall secondly.
    - Benefits can be added because the company will have the resources to do so.
    - There is will be a New Hampshire plan, building such as a New Hampshire board of directors. Centene believes in local control.
    - A large corporation also has access to national systems. States cannot afford to make the investment required for managed care. National systems do a lot to make that investment and spread the cost over a number of states. New Hampshire may not have access to the resources where as Centene does.
- Dottie Treisner asked "How can you make a profit without cutting services"?
    - A request for Proposal (RFP) was issued for MCO's to provide Medicaid managed care in the state of New Hampshire. New Hampshire said there would be phases and those phases are going to roll out in a compressed period. In response to the RFP from the MCO's was based on that good faith representation that there would be a Step I then Step II. Then we would be able to offer care management (medical and non-medical) for an individual through coordination, contracts and other tools, which would lower the overall costs. We would not make a profit by saying no to someone requesting a specific service, but by looking at their entire Medicaid experience. We have not been able to do that yet because we are

still in Step I. Step II has been broken into multiple phases which will have the unintended consequence of keeping the whole person divided over a significant period of time. We are looking it as a statewide integrated contract where through the spectrum of the contract there is an opportunity to be successful financially while meeting the needs and quality standards we are held accountable too.

- Robin Carlson asked what MCO's understanding is of the civil rights movement of individuals with disabilities and what can be offered?
    - There is nothing in the existing contract which addresses Area Agencies or Developmental Disabilities. Philosophically we do understand and respect the civil rights component.
- Brian Young spoke representing the private provider network which falls under the umbrella of the Area Agencies. Currently there are 18 private vendors (that belong to the membership group of the private provider network, only criteria to have contractual agreements with Area Agencies) Ninety percent are non-profit, 1 or 2 are for profit. We were part of establishing community based services with the Area Agencies. We made up over 1/3 of the financial investment in people with developmental disabilities that is inclusive of the Area Agencies funds. We are almost north of 60 million dollars collaboratively. In a sense Area Agencies have managed care. Now more Area Agencies have chosen to do direct services. In a sense we have become competitors. People with Developmental Disabilities or acquired brain disorders are not allowed to come through our door; they must go through Area Agencies. Our dilemma is not to lose choice. That is the cornerstone of what we have established. Many agencies have been around longer than the Area Agency system. The services are eroding. How can the Area Agency exist as they do today with the MCO's coming in, without taking them apart (mainly service coordination) and does the Area Agency become a member of the private provider network? Also an unknown of the MCO's coming in that might not provide us with the relationships we have had throughout the years with the Area Agencies. Brian voiced concerns that because New Hampshire is a cutting edge state and 25 years ahead, are we being used as a practice state?
    - New Hampshire represents the opportunity to be successful. We have proven that when you can manage, holistically, whole person care and have a matrix relationship which reflects the whole person's needs, you can sustain a Medicaid program.
- Denise Colby asked during the July 1st Step II phase I roll out, how would NH Healthy Families work with care coordination for individuals on the Katie Beckett program? Is there a plan in place to flag these families so that they have access to care coordination when they come on?
    - Working with the Department to understand what providers Katie Beckett members are using today. Working to accomplish two things, to ensure, if the provider is willing, to have contracts with all of those current providers. We want to make sure there is not an in-network / out-of-network problem.
        - Children's Hospital currently will not contract with the MCO's. It has not resulting in denying Children's Hospital access, but has resulted in the company running a financial loss.
    - Plan is to receive the members who will transition from voluntary to mandatory participation and they would be assigned a dedicated care coordinator, but we cannot make the families accept them, they have the option to opt out.
- Denise Colby stated in her currently managed care company there are only 2 care coordinators. Will there be an increase in the amount of care coordinators to support the families? How many care coordinators from NH Healthy Families will be assigned?
    - When negotiating rates, there is a large focus on what the staffing infrastructure will need to be to meet the needs of the members based upon the utilization of medical services. The rates are sufficient to allow us to have enough care coordinators in place.

- Jennifer Pineo stated that currently her role today is as a board member for her Area Agency. In being a board member she has a strong voice and the ability to make decisions. She has concerns for families like hers who may not have high medical needs, yet have high behavioral needs. When you discussed earlier of creating a NH Board of Directors, what say will that board have and how will it be comprised? Will you have representation across the state?
    - The local board has three components, an Advisory Committee. Provider Policy Group which will be expanded once we get to Step II. Right now we do not have a Step II contract so we do not have representation of Step II needs because we are prevented from working in the space. As we get to Step II, the Provider Board will make decisions on drug lists, policy & procedures for prior authorization and those decisions will get put into practice. Board of Directors/Trustees, which we do not have in New Hampshire. We are developing it now.
    - Geographic representation. Yes we are planning on it, but we do not have it today because we are not in Step II. But the plan would be to contract with established providers and open offices in other parts of the state.
- Denise Sleeper stated that valid comments, questions and perspectives have been brought up and wanted to give some additional information to the QC of the proactive steps the Department has taken since Step I. The true value of having the public forums was to hear directly from families what did not go well in Step I. The Department has been working with the health plans and taking what we've learned did not work well organizationally and using that information to help us carefully plan for the mandatory enrollment.
    - The Department has enlisted the help of NH Families voices to help with communication to the families, how to pick providers, ask certain questions etc. Department is taking steps to prepare and mitigating for folk who are high utilizers of services, which is very different than the volunteer population.
    - The Department right now is conducting readiness reviews. These are on-site reviews where the managed care health plans have to meet certain criteria to demonstrate that they are ready to handle the new numbers of individuals coming into the system, be that Katie Beckett or new Medicaid population. They need to demonstrate their operations are ready and how they are going to address some of the issues in Step I.
    - Doris Lutz did a presentation on the quality and that has become our baseline data, that unit has the commitment to drill down into population specific data. If you look at the data reported, it does not tell you specifically about when an individual within developmental services or receiving services with ABD, are those experiences the same as the general population. That is some of the data that will be refined.
    - Denise encouraged the QC to continue to have that same level of communication and learn about the quality measures.
    - CMS came out with the HCBS (Home and Community Based Services) rule that has specific mandates that everyone needs to align with and meet the compliance expectations. That is specifically in choice (person-center planning) and whole element of settings. The standard has been raised how states, contractors, and providers will demonstrate that choice has been offered, which includes choice of providers. As we transition our long care services into managed care, everyone still needs to meet the compliance expectations of CMS.

- Denise gave an example of how the health plans can work with the Area Agencies. From the last 2 cycles of the NCI survey results, it appears that folks in our system have very low access to standardized health care screenings in certain areas. We are trying to promote the health plans to work directly with the Area Agencies

to develop some sort of communication or awareness around those standardized health care screenings to find out if it is more about access issue, information issue, does this population understand what they are?

- NH Hampshire Healthy Families would be interested in this and it is a contractual obligation. Within X number of days of an individual becoming a member we complete a health risk assessment and talk about additional screenings as a part of that. That is an actual opportunity to work with the Area Agencies to find out the reason folks are not participating in screenings and try to cooperate in some way. Access to screenings is one known issue so far.

- Cathy Spinney asked Scott what did he learn from the MCC recommendation document that you think can take the essence and make manifest in a commercial system and what items do you think would be problematic.
  - Scott stated that the vast majority, at least in spirit, is reflected in the contract/relationship with the Department. Certain items would need a different home, they are real concerns, but need a different place than in a contract.
    - Scott discussed the bullet stating MCOs shall have LTSS specialist in the Provider Relations departments available 24/7. Scott asked for more information on that bullet. Cathy Spinney gave example how she could call the Chief Executive Officer at Community Crossroads at 3AM on a Sunday if she had exhausted all immediate resources and having a major issue, she can do that and he would take the call. He would help me in the moment and in real time. That currently families have direct access to a decision maker with the authority and the backup they need to make things happen. We have that now and we do not want to sacrifice that.
    - Scott stated that it would not be cost effective to be a barrier. It would be expensive to have a call center and just pass people around in a call center. But explained if this type of request is written into a contract, then the MCO's could satisfy having a specialist available to you 24/7 and be able to check that box in the contract, but cautioned that specialist might be out of state, might need to be contacted through text message, might have to connect through an on-line dialog box, but the contract could be satisfied. So a subset of these ideas should rather be policy on how we run the plans to meet the needs of specific member groups within the MCO's.
    - Discussed the bullet stating MCO's shall include 2 members of each of the LTSS systems in NH (including DD, ABD, and CFI systems) on their governing board as full and voting members. Scott cautioned that pharmaceutical companies, durable medical equipment manufactures and other co-insurance companies could then require the same commitment. Board composition would never been opened as a contractual requirement. Better to ask how to come up with a system that gives you the voice that you need and maintains the authority you have within your Area Agency.

- Brian Young asked if Centene had purchased LifeShare.
  - Scott answered yes, Centene Corporate did.

- Brian Young asked how that will play out with LifeShare being a vendor of services and now that Centene owns it.
  - Outside of New Hampshire LifeShare is not provider of services, they are a consulting organization. What they are consulting on is largely things we know work in New Hampshire and have exported now to other states and they are building on what they are learning from other states. Centene made the decision to purchase LifeShare.
  - If the logic is that LifeShare cannot provide services because they are owned by Centene and Centene is managing the care, then Area Agencies who are managing care provider direct service at the same time

have already established that is not a valid argument. So there is a possibility to allow LifeShare to continue on as a provider in New Hampshire as well as being part of Centene.

- Kathy Bates asked why Centene bought LifeShare
    - Scott answered that in other states they needed the consulting.
    - The choice for Centene is that LifeShare will stop providing direct services, but also pointing out the fact that they do not have to.
- Brain Young questioned with the purchase of LifeShare not providing direct services anymore puts them in a position when conflict free case management is finally addressed and may possibly be pulled from the Area Agency system and then LifeShare could come in with an RFP to manage case management statewide.
    - Scott stated that would be in direct conflict with contractual definition of care management in the contract that has already been awarded to New Hampshire Healthy Families. LifeShare no longer exists. Centene owns LifeShare.
- Scott noted that as of June 1st he will be leaving Centene. What he discussed today represents NH Healthy Families. The MCM recommendation document is being read as a valuable document.

- David Ouellette directed this statement to the QC that he likes the MCM recommendation documentation the way it is written and the questions you are asking, but it brought up other issues for me. Some items brought up in the document, why are we asking managed care to do what we are not willing to do. Something for thought.

PUBLIC COMMENT

None

ACTION ITEMS

- David Ouellette will reach out to People First and find out the name and contact information for the new member and the back-up member.
- Denise Colby will reach out to Well Sense to invite them to a future Quality Council meeting.
- State FSC to name a replacement for Maureen Fitzhenry's seat

PUBLIC COMMENT

None

Meeting Adjourned

Next Meeting to be held on Wednesday, July 15, 2015 from 10:00AM – 1:00PM at 2 ½ Beacon Street, Concord, NH 03301

The Developmental Services Quality Council provides leadership for consistent, systemic Review and improvement of the developmental disability and acquired brain disorder Services provided within New Hampshire's developmental services system.

DEVELOPMENTAL SERVICES QUALITY COUNCIL
MINUTES
Wednesday, July 15, 2015
NH Council on Developmental Disabilities
2 ½ Beacon Street, Concord, NH 03301

The July Quality Council Meeting was cancelled due to lack of quorum.

Next Meeting: Wednesday, September 16, 2015 from 10:00AM – 1:00PM

The Developmental Services Quality Council provides leadership for consistent, systemic Review and improvement of the developmental disability and acquired brain disorder Services provided within New Hampshire's developmental services system.

DEVELOPMENTAL SERVICES QUALITY COUNCIL
MINUTES
Wednesday, September 16, 2015
NH Council on Developmental Disabilities
2 ½ Beacon Street, Concord, NH 03301

ATTENDING MEMBERS:
Kathy Bates – NH Council on Developmental Disabilities
Mary St. Jacques – Alternate for Institute on Disability
Robin Carlson – Enhanced Family Care Provider
Dick Cohen – Disabilities Rights Center
Amy Messer – Disabilities Rights Center
Denise Colby – Advocates Building Lasting Equality in NH (ABLE)
Brian Huckins – New Hampshire Autism Council
Debra McClure – Family Support Council
David Ouellette – NH Council on Developmental Disabilities
Jennifer Pineo – Area Agency Board – Region I
John Richards – Brain Injury Association of NH
Denise Sleeper – Department of Health and Human Services
Cathy Spinney – Area Agency Board–Region X
Chris Santaniello – Community Support Network Inc.

ABSENT MEMBER(S):
Bill Cohen – Area Agency Board – Region IV
Barbara Wilson – Direct Support Provider

VIA PHONE:
Laurie Giguere – Region X Family Support Council
Brian Young – Private Provider Network

OTHER ATTENDEES:
Sarah Aiken – Community Support Network Inc.

MAY 2015 MINUTES

Debra McClure motioned to approve; Dick Cohen seconded the motion; motion unanimously passed.

GENERAL DISCUSSIONS

- Denise Colby reached out to Well Sense and they are interested in having someone from their agency attend a future Quality Council Meeting. They will be getting back to Denise to set up details.
    - Cathy Spinney has also reached out to Well Sense as well, it is expected this will take place in January or March of 2016.

- Family Support Council is still working to fill vacant seat on the Quality Council.
    - Difficult to have families members attend due to the time of the meeting due and work schedules etc.
    - Sarah Aiken and Jenn Pineo will work on a survey/poll to better understand what the main issues are, time of meeting, data of meeting, location of meeting etc. Then the Quality Council can determine what steps to take, such as possibly changing meeting time to evenings

- People First appointed a new member, Alan Emerson to fill vacant seat on Quality Council
    - Alan did not attend this meeting; David Ouellette will reach out to him.

- Quality Council thanked Dick Cohen for this tireless work on the Council and wished him well on his retirement.
    - Dick introduced Amy Messer to the Council

SB138 QUALITY IMPROVEMENT COMMITTEE REPORT 11-10-2008 REVISITED RECOMMENDATIONS

- Cathy wanted the Quality Council to revisit the recommendations from the report and to reflect on the Quality Council relevance and effectiveness.

- Recommendation #1 – Participate in the National Core Indicators (NCI) project – this has been adopted. Cathy Spinney asked how does the Council feel about the data collected. Has it been valuable?
    - Although NCI measures the state as a whole, it would be even more helpful to drill down another level to see how the Area Agencies are doing, how providers are doing. But it is helpful to see how New Hampshire ranks against other states.
    - NCI data is used for larger reports. Legislature uses those reports. Therefore it is beneficial for the Department; State and Organizations to know where they rank.
    - The numbers surveyed are small. There could be better benchmarks, some questions are not related to services provided and therefore comparison can be difficult. But the tool is nationally recognized.
    - It is very helpful to have a national tool to make sure data is consistent. But there are different ways to look at the data and what to do with the data. The Council makes recommendations based on this data. Also Council can see areas which may need to be focused on.

- Recommendation #2 – Establish a Quality Council – this has been adopted.

- Recommendation #3 – Create a full-time Quality Assurance position at the Bureau of Developmental Services (BDS) – will discuss this further during Denise Sleeper's presentation of the transformation of redesignation report.

- Recommendation #4 – Enable each Area Agency or subcontract agency to choose from one of three current internet-based training programs; recommendation #5 – Provide the needed training at all levels in the specialty areas and recommendation #6 – Revise State regulations to include needed staff training or qualification as a component for an individual's service agreement/plan. – these have been adopted. How does this recommendation manifest when a family utilizes the 525 waiver?
    - Families dictate the training. If it's something they want to use, we give the employee a slot.
    - Dottie Treisner has an extensive breakdown of training collaborations
    - Question how online learning has transformed.
    - More and more people are choosing participant directed services; this gives the Workforce sub-committee reason to continue working to make sure support staff have the tools they need.
    - Base or core training can be done on-line but then you need individualized training after. There needs to be a balance between online and personalized training.
    - Making training programs available is one level, but suggestion was made that Area Agencies need to identify when there are gaps or areas where additional training is needed and ensure staff are getting trainings where needed.
        - Cathy Spinney noted that training will be ongoing for the Quality Council to discuss. So much has changed and the Workforce sub-committee needs to continue.

- Recommendation #7 – Enhance the quantity and quality of information provided to individuals and their families to enable them to make better informed choices.
    - This was the charge of the Transparency sub-committee. This sub-committee no longer has a chair and has not met.

- Recommendation #8 – Study the complex issues of Area Agencies being the sole provider by having BDS hire an outside consultant to thoroughly examine all aspects of this matter
    - BDS has not hired an outside consultant

REDESIGNATION – DENISE SLEEPER

Denise Sleeper distributed a PowerPoint presentation "The Transformation of Redesignation"

Redesignation previously:

- Relied heavily upon responses as Quality Measures.
- Used evidence that Area Agencies had structures in place to identify Quality Measure, but it was not looked at across the state. It was also done every 5 years.
- The Quality Review Report was due to CMS this year, but we did not have the information needed to report to CMS.
    - There was an analysis of what does CMS expect; what does this review require from the state; do we have processes in place and are we following the rules and regulations?
    - Went back to Waiver Performance Measures, RSA's etc.
    - Determined this was not providing meaningful feedback to Area Agencies.
- BDS has created an annual quality improvement process with a model of on-going continuous quality improvement which uses systematic review of key indicators.
    - This may be of interest to the Quality Council because for Transparency and Workforce.
- Data will be gathered from Service Review Audits; Health Risk Screenings (HRST); NCI, Employment etc.
- Bureau can monitor to ensure compliance with He-M 505 and Area Agency Contracts for operation of Area Agencies and regional service delivery.
- Workforce – data from Complaint Investigations Reports will be tracked and a review of trends and follow-up on corrective action plans. If Quality Council is interested they can review the components of data and review from a different angle.
- Change was implemented in July 2015.
- There will be ongoing annual quality improvement. It is still "redesignation" but the process has changed as to how "redesignation" is completed.
    - Accumulation of 5-years of data to support performance measure
    - Baseline data
    - Timeline reviews
    - Information shared broadly
    - Create opportunity for learning from agency to agency
- Governance Desk Audits were completed across all 10 Area Agencies. The reports drafted will be released in about a week.
- Currently under development: Annual Statewide Provider Agency surveys and Tool Kits for Family Support Council and Self-Advocacy groups to conduct annual stakeholder feedback to Area Agencies.
    - Working with IOD to develop surveys for stakeholders so their voices can be heard.
- Question how to get information from home providers and direct support staff? Historically there were not many responses. Quality Council could be instrumental in the Quality Assurance process.
    - Asked the Quality Council if they want to regularly review the key indicator data as a regular agenda item.
    - Majority of Council members present agreed that they would like to receive this information to review.

EXPIRING RULES

Cathy Spinney asked for a Rules sub-committee to be created.

- Amy Messer agreed to be Chair
- Cathy Spinney asked members of the Council that for the next meeting in November, 3 people volunteer to work with Amy on a regular basis on this sub-committee.
- Amy will touch base with Khabir LeClair regarding list of rules and expiration date.
- There is also a list uploaded to eStudio for Administrative Rules expiring in 2016

SUBCOMMITTEE REPORTS

Managed Care

- Not reporting

Domains

- Chair needed / Not reporting

Transparency

- Chair needed / Not reporting
- Question about the members of this subcommittee.
    - When this sub-committee gets a chair they should seek recommitment of members

Workforce

- Robin Carlson will take over as the Chair of Workforce sub-committee
    - Robin should seek recommitment of members and have at minimum quarterly connections either via meeting or teleconference etc.

LEGISLATIVE/BUDGET UPDATES – SARAH AIKEN

Sarah discussed updates regarding the budget; there will be a vote today.

Noted that Legislative Service Requests (LSR) started to come out in January. There are about 279 currently. They can be found on the New Hampshire General Court website. Upon quick review there does not seem to be any LSRs which would need Quality Council involvement at this time. If you have any questions please let Sarah know and she'll do her best to find answers for you. She will compile a complete list for the Council at the December meeting.

503 REGULATIONS – DICK COHEN

Quality Council devoted a great amount of time reworking the 503 regulations; this included attending JLCAR and Department meetings.

About 80-90% of the Quality Council's recommendations were adopted.

QUALITY COUNCIL ANNUAL REPORT

Maureen DiTomaso from the Bureau of Developmental Services will prepare a draft report and present to the Quality Council to review.

NOMINATIONS AND ELECTION OF OFFICERS – CATHY SPINNEY

Due to lack of nominations Cathy Spinney deferred elections until the November Quality Council meeting.

OTHER ANNOUNCEMENTS

The IHS public comment forums are being held today.

- Wonder if people do not testify or provide public comment because they do not know how? Is there a way the Quality Council could create a neutral offering such as a brochure or video which explains how to get information, how to write testimony or make a public comment?
- Self-Advocacy Group takes each section and re-writes them using language everyone understands and does this as a group because it is difficult to do it individually. Makes sure everyone in the group understands. Can this be done somehow for parents as well?
- The Brain Injury Association community does Legislative Advocacy Training. This data could be brought to the Quality Council.

Starting on October 6th, at New Hampshire Technical Institute (NHTI) there will be a 20 week course for Supporting People in Community Living. This is for parents, paraprofessionals, DSP workers etc. There are a few more openings and there are scholarships available.

There was an article in the Concord Monitor regarding Medicaid lapse funds.

- There have been ongoing discussions between Area Agencies and the Department to address this.
- If the Quality Council would like more information, please contact the Commissioner's Office.
- The LBA Performance Audit focus is on this lapse, suggested Quality Council add this to a future agenda item.

Lorene Reagan will be attending the November Quality Council meeting

PUBLIC COMMENT

None

Debra McClure motioned to adjourn; David Ouellette seconded the motion; motion unanimously passed.

Next Meeting: Wednesday, November 18, 2015 from 10:00AM – 1:00PM

The Developmental Services Quality Council provides leadership for consistent, systemic Review and improvement of the developmental disability and acquired brain disorder Services provided within New Hampshire's developmental services system.

DEVELOPMENTAL SERVICES QUALITY COUNCIL
MINUTES
Wednesday, November 18, 2015
NH Council on Developmental Disabilities
2 ½ Beacon Street, Concord, NH 03301

ATTENDING MEMBERS:
Cathy Spinney – Chair – Area Agency Board–Region X
Robin Carlson – Co-Chair – Enhanced Family Care Provider
Amy Messer – Disabilities Rights Center
Brian Young – Private Provider Network
Chris Santaniello – Community Support Network Inc.
David Ouellette – NH Council on Developmental Disabilities
Denise Colby – Advocates Building Lasting Equality in NH (ABLE)
Jennifer Pineo – Area Agency Board – Region I
John Richards – Brain Injury Association of NH
Linda Bimbo – Institute on Disability
Sarah Aiken – New Hampshire Autism Council

ABSENT MEMBER(S):
Alan Emerson – People First NH
Barbara Wilson – Direct Support Provider
Bill Cohen – Area Agency Board – Region IV
Brian Young – Private Provider Network
Debra McClure – Family Support Council
Denise Sleeper – Department of Health and Human Services
Laurie Giguere – Region X Family Support Council

VIA PHONE:
Kathy Bates – NH Council on Developmental Disabilities

OTHER ATTENDEES:
Beth Gauthier - Public
Kathryn Wallenstein – Public

SEPTEMBER 2015 MINUTES

Brian Young motioned to accept as written, Chris Santaniello seconded the motion, Sarah Aiken abstained from the vote, motion unanimously passed.

GENERAL DISCUSSIONS

- Family Support Council is still working to fill vacant seat on the Quality Council

- People First seated member Alan Emerson did not attend the meeting again
    - Chris Santaniello noted that he knows how to access transportation
    - David Ouellette will reach out to him again to let him know he can also call into the Quality Council meeting

INTRODUCTION TO THE EMPLOYMENT COMMITTEE – JEN COOK

This is an informational session for the Quality Council to introduce the Statewide Employment Committee, who they are and what they do.

The Committee has been in existence for 10 years. Membership is expansive and there is a solid core group of members who have backgrounds in employment and case management. There are also independent job developers who participate. We also have members from Area Agencies. The Committee is always looking to expand membership to make sure each region has representation.

The Committee is currently developing a training session for case management and employment personnel regarding funding for employment. There are different levels of understanding of the process. There have been changes made to make process easier but that information hasn't trickled down to who it needs to. Also would like to dispel myths and make people aware of all the options available to help support individuals seeking and keeping employment. Funding can be pursued even temporarily. We do not want someone's job to fail because they did not have the appropriate supports in place.

As part of this training, the Committee is trying to show that employment is important, not just an "extra" in an individual's life. We are trying to change the mindset of people going from high-school straight to "retirement". Part of the training will be to challenge people to think about their role in the process of attaining employment for an individual.

The Committee is also providing He-M 518 recommendations. There will be a self-audit of Area Agencies and next year a BDS audit. The Committee is contributing ideas and questions for that audit.

The Committee works on making the process more unified and making sure people have the resources that they need. The Employment Planning Guide is a tool for Area Agencies and/or vendors to begin conversations about employment. This is a specific skill set and outlines procedures which can be used as a guide to help case management have those beginning conversations with individuals.

The Committee wants to help individuals grow within their jobs; teach work ethics to individuals; listen to the individuals and together come up with creative ideas for employment etc. The Committee also tries to connect with Area Agencies Workforce Coalitions to share leads, professional development and other information. To come together to change the way employment is viewed. Another example is paid work trials. There is still much work to be done.

Project Search has 3 internships during the school year. After that there is a follow-up year if the client isn't employed before they graduate. The Committee wants to make people aware that we do not want individuals perpetually interning or volunteering. We want to make sure that individuals are gaining exposure and soft skills from these.

ACRES trainings are offered regularly, but enrollment has fallen off a bit. That has been challenging. Individuals are waiting longer for this training. ACRES does have Certified Employment Support Professional (CESP) accreditation.

Comments:

- There is usually a misunderstanding of benefits. Could the Committee discuss creating a video or something to hand to individuals/families to help dispel the myths?
    - Jen agreed this would be a good idea. Not sure if there is currently one. But they could discuss collaborating with GSIL. Benefits are a difficult discussion and things change all the time so this is where using social media, YouTube etc. is helpful.

- There should be more conversations with individuals before they are out of high school. The expectation to get a job is not being introduced early enough. Individuals shouldn't be asked "IF" they want to work, they should be taught the expectation that once you get out of high school you seek employment. There seems to be an absence of reliability for individuals who have already learned "helplessness".

- There does need to be better views on transitions and it is hard to get people to work on nights and weekends. Either individuals are not flexible or there are issues with transportation.

- Do you track ACRE graduates to see how they are doing?
    - Believe it is regionally tracked, but will bring back as a discussion item for the next Committee meeting.

CSNI REPORT ON RELIAS LEARNING – DOTTIE TREISNER

Relias is an on-line training system. The cost is $30.00 a year and once enrolled, you have access to the entire DD library.

Currently there are about 3900 users in the State of New Hampshire. All ten (10) Area Agencies and thirteen (13) vendor agencies have enrolled. Users have taken about 130 thousand hours of training.

There are a significant numbers in the amount of use. There are different ways the courses can be taken. Some are held at the Area Agencies in groups with discussions after, some courses are taken in individuals homes and others take a course because of an interest in the subject. Some courses have National Alliance for Direct Support Professionals (NADSP) accreditation. Direct Support Professionals can do this on their own time. State Licensing has approved the usage of Relias. Normally new hires will take about 8-10 of the top 15 training courses.

Some of the top courses currently being taken are: Individual's Rights, Assisting in Choice Making, Disability Health Overview, Responding to the Health Care Needs of Individuals with Intellectual and Developmental Disabilities, Fire Safety and Blood-borne Pathogens.

If Quality Council would like to view specific outcomes, please let Dottie Treisner know and she can work on gathering specific information for the Quality Council.

Cathy Spinney asked if CSNI could please ask Area Agency Directors to compile data regarding the statistics on turn-over for DSP providers. Every Area Agency tracks turn over and it would help to have data on how many DSPs (Direct Support and 525) are coming and going especially with Legislation. Cathy asked that this information be submitted so that Quality Council could review in the fall. Cathy would like DSPs to be a top issue that the Quality Council focuses on this year. Dottie noted that CSNI will get back to the Quality Council with the requested information sometime in the summer.

REVIEW OF THE DRAFT QUALITY COUNCIL ANNUAL REPORT

The draft version of the Quality Council Annual Report was uploaded to eStudio for members to review.

Changes noted on the rules segment.

Cathy Spinney requested a motion to accept the report with changes noted during this meeting, prepare cover letter and distribute report. John Richard motioned, Sara Aiken seconded the motion, motion unanimously passed.

STATEWIDE REVIEW / STATISTICS REGARDING HUMAN RIGHTS COMPLAINTS AND VIOLATIONS

DHHS/BDS/OCLS Complaint Investigation Quality Review report covering 01/01/2014-06/30/2014 was distributed to the Quality Council members.

There is 100% review of each complaint. Regional totals are new on the report this year.

- Is there a sense of what causes documentation not being present?
  - Ex. if individual is required to take training, there is no evidence available to support that they completed the training.

- Asked for clarification on "abuse"
  - This can be both physical and verbal.
  - Other Rights Violations could be about dignity, respect and/or quality of services.

- For the next report on the back page under "trends" could you please add a bullet to compare previous year's numbers to the current year?
  - Yes that can be added to the new report.

- Has New Hampshire ever compared this data to other states?
  - No
  - It would be very difficult because you would need to make sure that the exact same things were being reported on.

- It was noted that it seems regions which have a Quality Assurance person on staff have a lower number of complaints based on this report.

- After Lakeview it was identified that complaints between DCYS, Licensing and BDS were not going to a centralized location.
  - Any complaints that BDS cannot investigate are sent to DCYF, BEAS or Licensing and Certification when we assign it. This has worked well to streamline the investigation pieces.
  - SFY 15 had a different process. From SFY 14-15 there was a significant jump in the investigations we could do. Some examples of complaints we could not do would be complaint would be against someone other than a paid provider or someone we are not supporting.
  - Sometimes recommendations are still given even if the complaint is unfounded.

- Noted that it would be helpful on the next report to show the total of individuals served by an Area Agency, this was a larger Area Agency could be expected to have a larger number of complaints.

- Previously BDS did not have a good way to track systemic issues. Now we have a way to see data broken down by category and regionally and we will be able to see where improvements could be made within those categories.

- There needs to be consistency across the board, such as clear and specific definitions of instructions within a service agreement. Ex. what exactly does one to one mean, is it eyes on, within arm's length, and are there any exceptions?

SUBCOMMITTEE REPORTS

Cathy Spinney asked the Quality Council Sub-Committee Chairs to present bullet points of what your sub-committee should be addressing over the course of the next six months. Please present these bullets by the January Quality Council meeting.

Reminders – subcommittees should be meeting or at least touch base during the off months the Quality Council does not meet. We want to make sure that these sub-committees remain active. This was the purpose of moving the Quality Council to an every other month schedule. Looking for recommitment to the sub-committees and all members of the Quality Council should be on at least one sub-committee. If you want to join a sub-committee or move from a sub-committee, please let Maureen DiTomaso know and she will put you in touch with the appropriate chair(s).

Maureen DiTomaso was asked to send the most recent sub-committee listing to all chairs of the sub-committees.

Managed Care – *Chris Santaniello - Chair*

- Not reporting

Domains – *Needs Chair*

- Not reporting

Transparency- *Needs Chair*

- Not reporting

Workforce – *Robin Carlson*

- Not reporting

Rules – *Amy Messer*

- Many of the rules are on the Medical Care Advisory Committee (MCAC), Sarah Aiken and John Richards sit on that committee. MCAC identify issues to work on. Sarah will send the list that they are working on to Chris Santaniello.
- Coming up DHHS is submitting 3 proposed changes to the He-M 1301 Medical Assistance Services Provided by Education Agencies rule. We do not yet have those proposed changes so cannot comment on them at this meeting. There is a public hearing on December 10, 2015 and a deadline of December 17, 2015 for written materials. The sections of the rules with proposed changes involve children, eligibility, waiver and purpose. We will keep an eye out for those.

LEGISLATIVE/BUDGET UPDATES – SARAH AIKEN

The budget has been situated at this time, and there are no current updates.

- Sarah Aiken will get more information about this as this information is not coming firsthand; this is what we are hearing.
    - Well Sense has heard from Commissioner Nick Toumpas that the date of mandatory enrollment will begin December 1, 2015 but yet a target date of February 1, 2016 to begin services. This has not yet been confirmed with the Department. When a final decision on these dates we will know more.
    - The Governor's Office asked both managed care companies to show additional levels of readiness, this was done with a "secret shopper" type item. It was understood that neither MCO had been able to answer the questions in the ways they had hoped.
    - There are three other levels of enrollment, long-term care (LTC); nursing facility (NF) and Choices for Independence (CFI), these do not have dates.
    - Nursing facilities are considering a lawsuit because there was language put into House Bill 2 which prohibits them, without a law change, being put into managed care.

Legislative Service Requests (LSR's) – going through and they are currently just titles now. The list is getting extensive. There are a couple areas of interest. A couple bills are similar to bills which were put in last year for transportation companies. One is for establishing a study committee on a managed care long-term supports and services ombudsman's program.

Working with a group of families with issues with nursing supports for young children, this is separate from Area Agencies and Medicaid Managed Care. Children with chronic and long-term medical needs are often provided with 40-80 hours of nursing supports, however what New Hampshire pays nurses under this plan is very low, the average pay being $22.00 an hour. Some private companies offer $47.00 to start and include travel, food and hotel. This bill for establishing a commission to study the shortage of nurses for pediatric home health services was sponsored by Jeff Woodburn.

There is a group from the New Hampshire Leadership Series working on membership for a Health and Human Services Oversight Committee. They would like a broader membership. Working to finding out what the law allows for non-house or senate members.

Received a list from DHHS for legislation they have asked for and none pertains directly to the Quality Council.

The final list should be available and January or February. I can then provide the Quality Council with the Parent Information Center (PICs) and the Developmental Disabilities (DD) Councils lists. There are a number of groups that pull lists and we can look to see what the Quality Council could support, comments on etc. I should have this information in time for the next meeting.

OLD/NEW BUSINESS

Commissioner Nick Toumpas term is up and he is not seeking reappointment. He did not resign. After being approved by the Governor and Council the new Commissioner will begin hopefully in early December to have the ability to work with Commissioner Toumpas for a few weeks to transition into the position.

Cathy Spinney submitted a request the Bureau of Developmental Services that she would like them to share the current process of using allocation of wait-list funds, with detailed explanations. It is important for the Quality Council to know how this is being done. She request this information be submitted to the Quality Council by January or March 2016. Cathy also requests a report of the changes which will be made on Medicaid lapse so that this does not continue to happen.

Brain Huckins although still on the Autism Council, but Sarah Aiken will now fill the Autism Council seat on the Quality Council.

Chris Santaniello noted now that Autism is being covered under state plan, there have been a higher number of kids being found not eligible under Katie Beckett Medicaid, is this something the Quality Council should track?

- Sarah – we've had this discussion and at Autism Council, we have heard at the state level they are going back to the original definition of Katie Beckett that a child's medical disability is so severe that they qualify for institutional care but who are being cared for at home. We are finding that those who appeal are often able to get approved, but it is becoming more and more difficult.

NOMINATIONS AND ELECTION OF OFFICERS

Cathy Spinney opened the floor for nominations for Vice-Chair of the Quality Council.

- Jenn Pineo nominated Sarah Aiken. Sarah Aiken accepted the nomination.
- Brian Young nominated Denise Colby. Denise Colby declined the nomination.
- Robin Carlson nominated Brian Young. Brian Young accepted the nomination.

Cathy Spinney opened the floor for nominations for Chair of the Quality Council.

- Jenn Pineo nominated Cathy Spinney. Cathy Spinney accepted the nomination.
- Brian Young nominated Amy Messer. Amy Messer declined the nomination.
- Denise Colby nominated Jenn Pineo. Jenn Pineo declined the nomination.
- Brian Young nominated Chris Santaniello. Chris Santaniello declined the nomination.

All present members voted via ballot. Member who called in was contacted by phone to receive her votes.

Ballots counted along with verbal vote and Cathy Spinney was elected as Chair of the Quality Council. Voting for Vice-Chair resulted in a tie; unanimous decision was then reached by the Quality Council to have Sarah Aiken and Brian Young serve as co-chairs.

OTHER / ANNOUNCEMENTS / PUBLIC COMMENT

The NH Council on Developmental Disabilities is holding a holiday gathering at the Holiday Inn on Thursday, December 10, 2015 from 11AM – 2PM.

NH ABLE will host a sustaining member's event on January 28, 2016.

PUBLIC COMMENT

None

Robin Carlson motioned to adjourn; Sarah Aiken seconded the motion; motion unanimously passed.

Next Meeting: Wednesday, January 20, 2016 from 10:00AM – 1:00PM